

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 70/602906

APPLICANT(S) *R*

FILING DATE

CLAIMS

1	AS FILED		APPROVED AMENDMENT		APPROVED AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

TOTAL IND.

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26

TOTAL DEP.

27

TOTAL CLAIMS